

TRAVERSE COUNTY SOCIAL SERVICES
DETOX AND CHEMICAL USE ASSESSMENT FEE SCHEDULE

**FEDERAL INCOME
 POVERTY
 GUIDELINE**

HOUSEHOLD SIZE

2009	1	2	3	4	5	6	7	8
10,830	0%							
14,570	20%	0%						
18,310	40%	20%	0%					
22,050	60%	40%	20%	0%				
25,790	80%	60%	40%	20%	0%			
29,530	100%	80%	60%	40%	20%	0%		
33,270		100%	80%	60%	40%	20%	0%	
37,010			100%	80%	60%	40%	20%	0%
40,750				100%	80%	60%	40%	20%
44,490					100%	80%	60%	40%
48,230						100%	80%	60%
51,970							100%	80%
55,710								100%

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** Tables adjusted by Federal Poverty Guideline family size incremented increases. This schedule will be updated yearly with the current Federal Poverty guideline amounts.

* Results of the Rule 25 Assessment will not be released to any agency without a fee payment in full or a payment plan in place with a down payment.

* If the client fails to comply with the recommendations made in the initial assessment and goes beyond the 45 days allowed, there will be an additional \$25.00 assessed to provide with them with an updated assessment.

*If income verification is not received within 60 days of initial contact, client will be charged the actual cost of detox.

Effective July 1, 2009/ Board Approved July 7, 2009